



**HUMAN RESOURCES OFFICE
TECHNICIAN / AGR ADMINISTRATIVE INSTRUCTION**

Number: 03-56

10 December 2003

REPLACES TAAI 03-50

**NO EXPIRATION DATE
WORKPLACE ANTI-VIOLENCE**

1. References:

- a. Military Department, Workplace Anti-Violence Policy, undated signed by MG Monroe.
 - b. CAJS-HR-LR Memo dated 25 June 2002, Subject: Policy Memorandum 02-01, Workplace Anti-Violence Policy.
2. There have been several instances of Violence in the Workplace that have come to my attention that have not followed the reporting policy outlined in reference 1a. There appears to be confusion on what constitutes violence in the workplace. Acts that constitute Violence in the Workplace include, but are not limited to:
- a. Any physical action or intent, which can cause physical or mental injury/harm to employees or government property.
 - b. Any non-physical, verbal or written threats against employees or government property.
3. To reiterate the Adjutant General's reporting policy "a person who becomes aware of an immediate threat or imminent danger, should immediately call the Joint Operations Center (JOC) at 916.854.3440". Furthermore, the JOC will notify the HRO who will notify the affected Chief of Staff and Directorate with suspense to investigate the incident and address the situation.

Immediate actions to take when a Violence in the Workplace incident occurs.

(1) Provide an Incident Report (IR) CAL Form 190-40, to the JOC immediately at fax 916.854.3474 with copy furnished to HRO at fax 916-854-3439. A copy of this form is attached at the enclosure and is also located at: <http://www.calguard.ca.gov/capo/>.

(2) Forced leave – if the threat is immediate and there is a fear for life, limb, or property, an employee (the alleged perpetrator) can be told to use his/her own leave in order to defuse the immediate situation. Forced leave is authorized for a period of two working days and can be approved by the second level supervisor in the chain of command. However, supervisors, must communicate the forced leave to the HRO as soon as possible to ensure that all legal issues can be staffed and that employee rights are observed.

4. Reference 1a, para 2 references "Zero Tolerance Policy". Zero Tolerance Policy in this context does not necessarily mean termination. It means that all incidents will be addressed by the appropriate supervisor and the alleged offender. After the investigation is completed and discipline is found to be necessary, use Technician Personnel Regulation 752 and Chapter 7, California National Guard Technician Personnel Manual as guidelines for suggested actions.

5. Actions to take after the incident:

a. Supervisors will consider discussing the following with the adversely affected employees:


(1) what occurred

(2) what the status of the workplace is (i.e., M-day, Technician, SAD, ADSW)

(3) reiterate the Adjutant General's Violence in the Workplace Policy

b. The situation will be investigated with the findings forwarded to the HRO. If the findings confirm that Violence in the Workplace did occur, attach appropriate adverse action paperwork.

6. POC is LTC Emily Perry, Labor Relations Specialist, (916) 854-3412.



LAWRENCE D. COOPER
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Director of Human Resources

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Serious Incident Report Summary Sheet
SDO 24 HR (916) 854-3440 DSN 466-3440 FAX (916) 854-3475

| Incident Data | | | | |
|--------------------------------------|-----------|-------------------------|------------------------------|----------------------------|
| SIR No. | Incident: | Location: | Incident Date/Time: 00:00 | Report Received Name/Date: |
| Individual(s) Involved | | | | |
| Name: | | Grade: | SSN: | Unit: |
| Name: | | Grade: | SSN: | Unit: |
| Name: | | Grade: | SSN: | Unit: |
| Name: | | Grade: | SSN: | Unit: |
| Military Aircraft/Vehicle Involved | | | | |
| Aircraft Tail/Vehicle Bumper Number: | | Pilot/Driver: | | Unit: |
| Aircraft Tail/Vehicle Bumper Number: | | Pilot/Driver: | | Unit: |
| Civilian Vehicle Involved | | | | |
| License Number: | Make: | Model: | Insurance Company | Policy Number |
| Drivers Name: | | Drivers License Number: | Address: | Phone Number: |
| Agency Report | | | | |
| Agency Name: | | Report Number: | Reporting Official: | Phone Number: |
| | | | | |
| Incident Summary: | | | | |
| (Who, What, When, Where, How) | | | | |
| Reported By: | | | | |
| Name: | | Rank: | Unit: | Telephone: |

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